

MDR Tracking Number: M5-04-3538-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 06-16-04. Date of service 07-25-03 was withdrawn on 07-21-04 by ____, Billing Coordinator for the provider.

I. DISPUTE

Whether there should be reimbursement for CPT codes 99205, 97110, 97112, 97250, 97150, 97113 and 97140 for dates of service 06-16-03 and 06-23-03 through 08-06-03.

II. FINDINGS

On 11-05-04, the Division submitted a Notice to the requestor to notify the requestor that they failed to make payment of the IRO fee as required by Commission Rule 133.308 (r)(1)(B) and subsequently, the medical necessity issues were dismissed. Per Rule 133.307(g)(3), the Notice also requested the requestor to submit additional documentation necessary to support the fee charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

III. RATIONALE

CPT code 99205 date of service 06-16-03 denied with denial code "F" (physical and occupational therapists initial evaluation is limited to 99202, 99203 or 99204 per the Medicine Section page 31 of the Texas Fee Guidelines). No documentation was provided by the requestor so a determination could be made whether the service was the initial evaluation. No reimbursement recommended.

CPT code 97110 dates of service 06-23-03 through 08-05-03 (7 DOS) denied with code "F" (reimbursement according to the Texas Medical Fee Guidelines). Date of service 08-01-03 neither the requestor nor the respondent submitted an explanation of benefits. No payment has been made by the carrier. Recent review of disputes involving CPT Code 97110 by the Medical Dispute Resolution section indicate overall deficiencies in the adequacy of the documentation of this Code both with respect to the medical necessity of one-on-one therapy and documentation reflecting that these individual services were provided as billed. Moreover, the disputes indicate confusion regarding what constitutes "one-on-one." Therefore, consistent with the general obligation set forth in Section 413.016 of the Labor Code, the Medical Review Division has reviewed the matters in light all of the Commission requirements for proper documentation. The MRD declines to order payment because the SOAP notes do not clearly delineate exclusive one-on-one treatment nor did the requestor identify the severity of the injury to warrant exclusive one-to-one therapy. Reimbursement not recommended.

CPT code 97112 dates of service 07-07-03 through 07-11-03 (5 DOS) denied with denial code "N" (additional documentation required to substantiate procedure and/or charged amount). The requestor did not submit documentation for review. No reimbursement recommended.

CPT code 97250 dates of service 07-07-03 through 07-11-03 (5 DOS) denied with denial code "N" (additional documentation required to substantiate procedure and/or charged amount). The requestor did not submit documentation for review. No reimbursement recommended.

CPT code 97150 dates of service 07-07-03, 07-09-03 and 07-11-03 denied with denial code "N" (additional documentation required to substantiate procedure and/or charged amount). The requestor did not submit documentation for review. No reimbursement recommended.

CPT code 97110 dates of service 07-07-03 through 07-11-03 (5 DOS) denied with denial code "N" (additional documentation required to substantiate procedure and/or charged amount). Recent review of disputes involving CPT Code 97110 by the Medical Dispute Resolution section indicate overall deficiencies in the adequacy of the documentation of this Code both with respect to the medical necessity of one-on-one therapy and documentation reflecting that these individual services were provided as billed. Moreover, the disputes indicate confusion regarding what constitutes "one-on-one." Therefore, consistent with the general obligation set forth in Section 413.016 of the Labor Code, the Medical Review Division has reviewed the matters in light all of the Commission requirements for proper documentation. The MRD declines to order payment because the SOAP notes do not clearly delineate exclusive one-on-one treatment nor did the requestor identify the severity of the injury to warrant exclusive one-to-one therapy. Reimbursement not recommended.

CPT code 97113 dates of service 07-08-03 and 07-10-03 denied with denial code "N" (additional documentation required to substantiate procedure and/or charged amount). The requestor did not submit documentation for review. No reimbursement recommended.

Review of CPT code 97112 dates of service 08-01-03 and 08-06-03, code 97140 dates of service 08-01-03 and 08-06-03 and code 97150 date of service 08-01-03 revealed that neither the requestor nor the respondent submitted explanation of benefits. Per Rule 133.307(e)(2)(B) the requestor did not provide convincing evidence of carrier receipt of the providers request for EOBs. No reimbursement recommended.

IV. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement for CPT codes 99205, 97110, 97112, 97250, 97150, 97113 and 97140 for dates of service 06-16-03 and 06-23-03 through 08-06-03.

The above Findings and Decision is hereby issued this 15th day of December 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

DLH/dlh